MEGEIVED CENTRAL FAX CENTER

SEP 0 5 2006



Legal Office 1011 High Ridge Road Stamford, CT. 06905

Phone 203-329-8750 Fax 203-329-8187

E-mail: ngershon@rexmedical.com

# **FAX**

To: From: Neil D. Gershon

Fax: 571 273-8300 Pages: 8 (including this cover sheet)

Group: Date: September 5, 2006

Re: In re application of McGuckin Jr. et al. Docket: 1224CON

Serial No. 10/638,846

Filing Date: August 11, 2003

## Enclosed are the following:

- 1) Response to Office Action of August 7, 2006;
- 2) Amendment Fee Transmittal; and
- 3) Copy of Change of Correspondence Address Form date 12/3/04

Respectfully submitted,

Neil D. Gershon Reg. No. 32,225

## RECEIVED CENTRAL FAX CENTER

## SEP 0 5 2006

Docket No. 1224 CON

### IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: James F. McGuckin, Jr., et al

Examiner: Shaffer

Group Art Unit: 3731

Serial No:

10/638,846

Filed: August 11, 2003

For:

Vein Filter

COMMISSIONER FOR PATENTS P.O. Box 1450 Alexandria, VA 22313-1450

### AMENDMENT FEE TRANSMITTAL

Sir:

Transmitted herewith is an Amendment for the above-identified application.

[x] No additional fee is required.

#### CLAIMS AS AMENDED

	Claims Remaining After <u>Amendment</u>		Highest No. Covered by Previous <u>Payments</u>		<u>Extra</u>	Rate	Additional Fee	
Total Claims*	13	-	18	=		x \$25.00	\$	0.00
Independent Claims	3	-	4	=		x 100.00	\$	0.00
					Total:		\$	0.00

The Commissioner is hereby authorized to charge any additional fees which may be required for this amendment, or credit any overpayment to Deposit Account No. 501567.

Petition for Extension of time pursuant to 37 C.F.R. §1.136(a) is not believed to be required. However, if a petition for extension of time under 37 C.F.R. §1.136(a) is required with this Amendment, please treat this paper as a petition for such extension. The Commissioner is hereby authorized charge the required extension fee pursuant to 37 C.F.R. §1.17, to Deposit Account No. 501567.

Respectfully submitted,

Dated: 9/5/06

Neil D. Gershon Reg. No. 32,225

Attorney for Applicant

Rex Medical 1011 High Ridge Road Stamford, CT. 06905 (203) 329-8750